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CONFIRMATION NO. 2405

|  |  |                               |   |                                      |                                |
|--|--|-------------------------------|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/530,991   | <b>FILING OR 371(c) DATE</b><br>10/05/2005<br><b>RULE</b>  | <b>CLASS</b><br>239           | <b>GROUP ART UNIT</b><br>3752   | <b>ATTORNEY DOCKET NO.</b><br>235193 |                                |
| <b>APPLICANTS</b><br>David C Huffman, Merrimack, NH;   |  |                               |   |                                      |                                |
| <b>** CONTINUING DATA</b> <i>YES</i> <i>1/21/07</i><br>This application is a 371 of PCT/US03/32462 10/14/2003<br>which claims benefit of 60/418,902 10/15/2002   |  |                               |   |                                      |                                |
| <b>** FOREIGN APPLICATIONS</b> <i>NONE</i> <i>1/21/07</i>  |  |                               |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>allowance</i> <i>1/21/07</i><br>Verified and Acknowledged <i>DN</i> <i>1/21/07</i><br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>NH | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>10            | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>23460  |  |                               |   |                                      |                                |
| <b>TITLE</b><br>External mix air assisted spray nozzle assembly  |  |                               |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>730  | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |